Substitute for form 1449B/PTO				Complete if Known		
NITODA	ATION	1001	CHDE	Application Number		
INFORMATION DISCLOSURE				Filing Date		
STATEMENT BY APPLICANT			ICANT	First Named Inventor	ROBERT, Gilles	
				Art Unit		
(use as many sheets as necessary)			cessary)	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	015258-062300US	

	•	Ţ	I.S. PATENT DOCU	MENTS+	
		Document Number			
Examiner trittats*	Cite No.	Number Kind Code <sup>†</sup> (#known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-5,641,585 A	06-24-1997	Lessing, et al.	<u></u>
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Examiner		Date	
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Signature	,	Considered	
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